							Application or Docket Number					
	PATENT A	D	10/20100									
Effective December 29, 1999 0 9 / 50 / 3										450		
CLAIMS AS FILED - PART I SMAL (Column 1) (Column 2) TYPE									OR	OTHER SMALL		
FC)A	NUM	BER FILED NUMBER EXTRA			RA	ΤĘ	FEE		RATE	FEE	
ВА	SIC FEE			WW.Z	X	1	345.00	OR		690.00		
۲	TAL CLAIMS	1	/ minus	is 20= '			9=	-	OA	X\$18≃		
INE	EPENDENT CL	AIMS 3	3 minus 3 = ! /			ХЗ)=	/	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							 0=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							AL	34)	ОЯ	TOTAL		
CLAIMS AS AMENDED - PART II										OTHER		
3-4-03 (Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL		
MA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA*	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 17	Minus	. 20	o / .	X\$	9=		OR	X\$18=		
ME	Independent	٠ ٤	Minus	۶	= (Х3)=		OR	X78=		
	FIRST PRESE	NTATION OF	MULTIPLE DEI	PENDENT CLAIM	<u> </u>	+13	0=		OR	+260=		
	•			•	•	ADDIT.)TAL		OR	TOTAL		
									30	ADDIT. FEE		
ع	-9-06	(Column 1)		(Column 2) HIGHEST	(Column 3)			1 4001			4001	
9		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Ę		AMENDMENT		PAID FOR		<u> </u>		FEE			FEE	
AMENDMENT B	Total	· 17	Minus	- 20		X\$	9=		OR	X\$18=		
AME	Independent	• U	Minus VIII TIDI E DEI	PENDENT CLAIM	=	Х3)=		OR	X78;=		
	FINST PACSE	STALION OF	MOETH CL DE			+13	0=		OR	+260=		
			•				TAL	•	OR	TOTAL	7	
	(Column 1) (Column 2) (Column 3)											
		(Column 1) CLAIMS	25/25/202	HIGHEST		_		ADDI-			ADDI-	
ENTC		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	TIONAL FEE	U	RATE	TIONAL FEE	
AMENDMENT	Total	٠.	Minus:	es .	= .	X\$:)= ·		OR	X\$18=.		
W	Independent	•	Minus	•••	•	ХЗЯ) =		OR	X78=		
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-						
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260=		
-	If the Tichest Nu	mber Previously	Paid For IN THE	S SPACE to tess the	un 20, enter "20."	ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-876 Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE (Rev. 1200)												

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